

Name
in
Full

Mary Catherine Albough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Thurmont</i>		County <i>Fredmont</i>		MARYLAND	
Date of death 190		3	Month <i>May</i>	Day <i>12</i>	Age <i>42</i>	Years <i>8</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Married, Single or Widowed		<i>Married</i>		Occupation <i>House-wife</i>			
Name of Wife Husband <i>Mary Catherine</i>							
Father's Name <i>Jacob C. Meller</i>						Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Elizabeth Poffinberger</i>						Mother's Birthplace <i>—</i>	
Name of person giving Information <i>Sisters & Brothers</i>						How related to deceased <i>Sisters & Brothers</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>—</i>	How long	<i>27</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Jas K Waters</i>	
Address		<i>Thurmont</i>	
Accident or Suicide?		<i>Maryland</i>	

3



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

George Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at *Montom* TownCounty *Frederick*Date
of death 190 *3*Month
*May*Day
*23*Age
45?

Months


Days

Sex *Male*Color or
Race *White*Birth-
place *Pa*Married, Single
or Widowed

Occupation

Name of Wife or
Husband *Don't know*Father's
Name *Don't know*Father's
Birthplace *✓*Mother's
Maiden Name *" "*Mother's
Birthplace *✓*Name of person giving
In formation *Scott Thompson*How related
to deceased *x*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*How long
*12 Mos*Immediate *Exhaustion*How long
*from 3 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *S. S. Maynard**Yes*Address
*19 Greenock W.**Accident or Suicide?*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mildred Lynch Baker</i>		Town <i>Shurmon</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Shurmon</i>							
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>24th</i>	Age <i>34</i>	Years <i>by</i>	Months <i>6</i>	Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Shurmon</i>	Occupation <i>milliner</i>				
Married Single or Widowed <i>Single</i>							
Name of Wife or Husband <i>David O. Baker</i>		Father's Birthplace <i>Fred Co</i>					
Mother's Maiden Name <i>H. Josephine Stummell</i>		Mother's Birthplace <i>Fred Co</i>					
Name of person giving information <i>45</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Subcutaneous Growth, Sarcoma</i>	How long <i>10 weeks</i>
Immediate <i>Pneumonia & Pericarditis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Stefansen</i>
	Address <i>Shurmon, Md.</i>
Accident or Suicide?	

01

Name
in
Full

Catharine Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Liberty</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>15</i>	Age <i>59</i>	Years	Months <i>2</i>	Days <i>23</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Fred Co</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>George Beard</i>							
Father's Name <i>Ezra Smith</i>				Father's Birthplace <i>Fred Co</i>			
Mother's Maiden Name <i>Annie M Beard</i>				Mother's Birthplace <i>Fred Co</i>			
Name of person giving Information <i>George Beard</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paresis</i>	How long <i>Over a Year</i>
Immediate <i>Coma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Thomas Smith</i>
	Address <i>Liberty town Md.</i>
Accident or Suicide?	

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Name
in
Full

CERTIFICATE OF DEATH

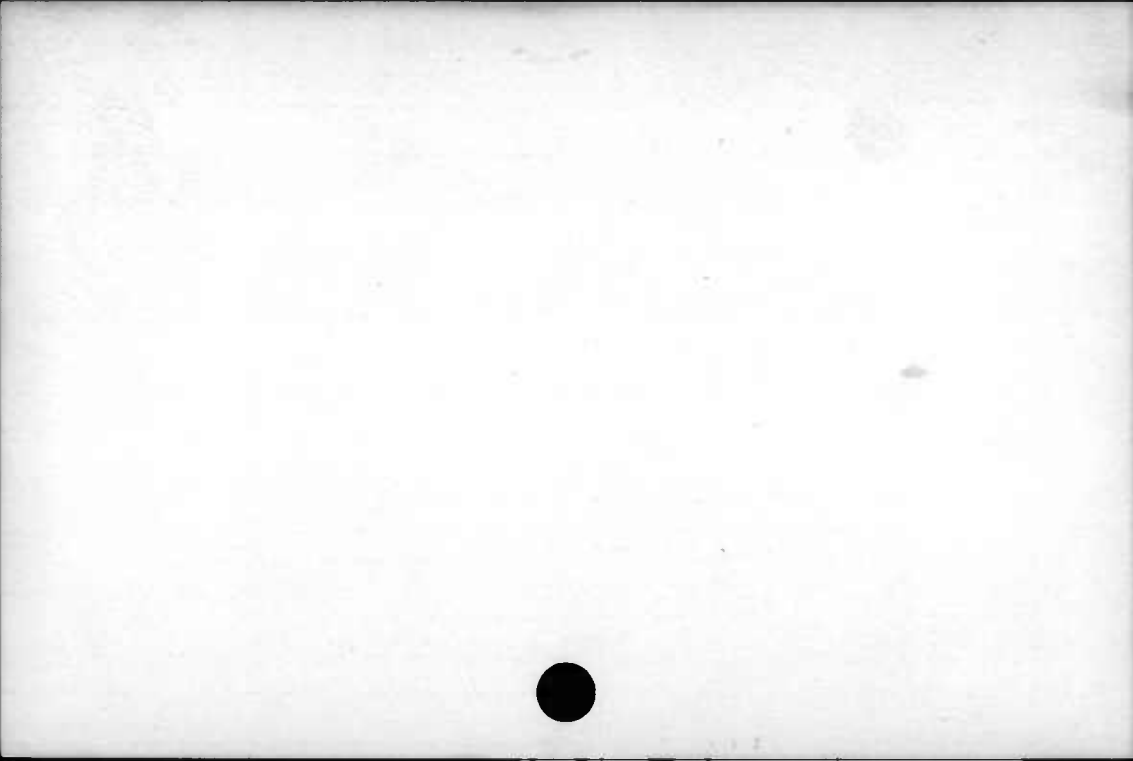
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoctin Furnace</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date <i>May 31</i> of death 190 <i>3</i>	Month <i>May</i>	Day <i>31</i>	Age <i>8</i>	Years <i>8</i>	Months <i>1</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Catoctin Furnace</i>		
Married, Single or <i>Widowed</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>William H. Benner</i>			Father's Birthplace		
Mother's Maiden Name <i>Rosie A. Benner</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-Pneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>92</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. C. Refractory M.D.</i>	
		Address <i>Thurmont, Maryland.</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Died at *Phasant Walk* Town *Frederick* County *MARYLAND*

Date 19 *03* Month *May* Day *28* Age *38* Y. M. D. Native of *Phasant Walk* Occupation *Painter*

Male ☒ White Married ☒ Widowed ☐ Divorced ☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *2*

Husband of *Estie M. Bette*

Father's Name *Samuel Bette* *159* Mother's Maiden Name *Martha Leonard*

Cause of Death { Primary *Intoxication* Immediate *Suicide by pistol wound* How long sick *3 years* Accident, Suicide, ~~Homicide~~

Reported by *John Francis Smith J.P. Acting Coroner*
Address *Frederick Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Altha. P. Bolter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oliver</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 1903	Month 5	Day 21	Age 41	Months 7	Days 23
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Fred. Co</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Spinster</i>				
Name of Wife or Husband					
Father's Name <i>Herskiah R. Bolter</i>			Father's Birthplace <i>Washington Co</i>		
Mother's Maiden Name <i>Margaret Marshall</i>			Mother's Birthplace <i>West Va</i>		
Name of person giving information <i>M. R. Elchusini</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of lungs</i>	How long
Immediate	<i>27</i>	How long
Aro the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. H. Bolter, J. J. Guss</i>
<i>Jefferson Fred. Co</i>		Address <i>Maryland</i>
Accident or Suicide?		



Name
in
Full

Atta L. Brandenburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town wolfsville		County Frederick		MARYLAND	
Date of death 190	3	Month May	Day 27	Age	—	Months 1	Days 6
Sex	male		Color or Race	white		Birth- place	near wolfsville
Married, Single or Widowed	single			Occupation	Infant		
Name of Wife or Husband							
Father's Name				Sam'l F. Brandenburg			
Father's Birthplace				Wolfsville,			
Mother's Maiden Name				Elizabeth Gover			
Mother's Birthplace				Ellerton, Ind.			
Name of person giving In formation				mother			
				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	whooping cough 8		How long	2 weeks
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			A. J. Smith	
			wolfsville	
			md.	
Accident or Suicide?		no.		



Cornelia A Buhman

Died at ^{Town} Foxville ^{County} Frederick MARYLAND

Date 1903 ^{Month} May ^{Day} 28 ^{Y.} Age 76- ^{M.} 7- ^{D.} 5 ^{Native of} Frederick Co. ^{Occupation} Housewife

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Single~~ ^{Number of children living} 7

^{Female} ~~Colored~~ ^{Single} ~~Widower~~

Husband of Levi B Buhman

Father's Name Henry Fabs ^{Mother's Maiden Name} Frederica Fabs

Cause of ^{Primary} Heart Disease ^{How long sick} 2 mos

Death ^{Immediate} " " ^{Accident, Suicide, Homicide}

Reported by C. L. Hachter M. D.

Address Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mabel Blanche Carter

CERTIFICATE OF DEATH

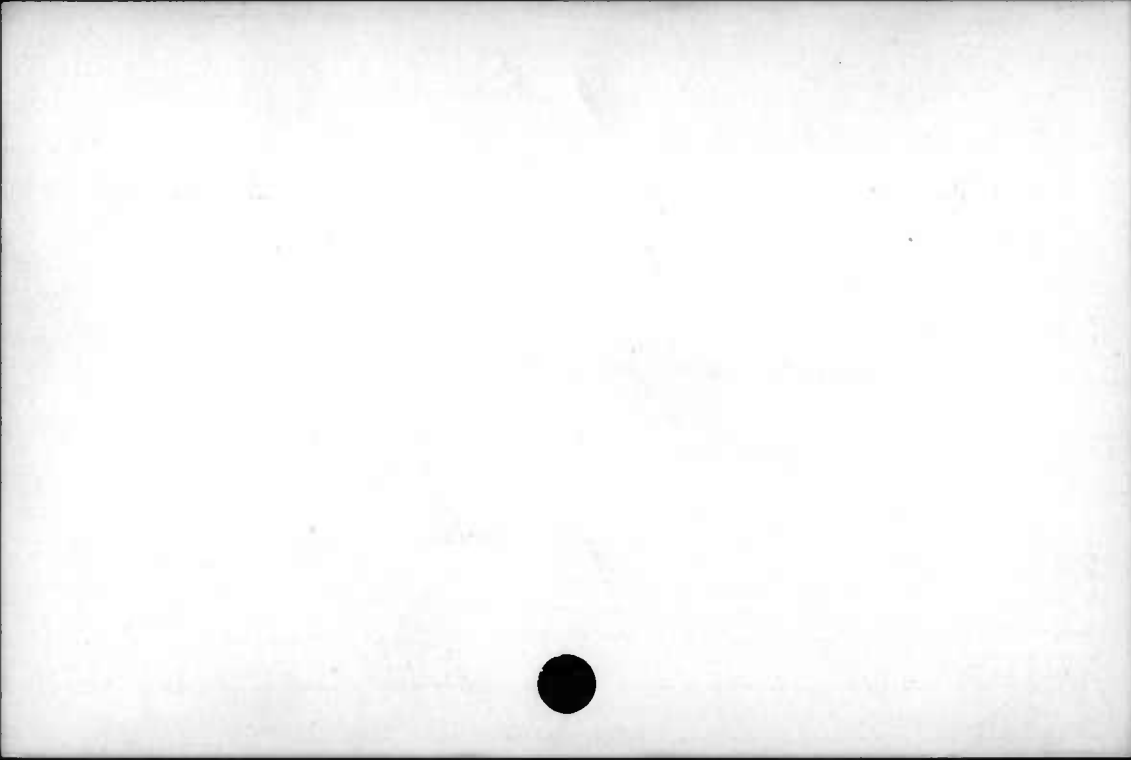
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>May</i>	Day <i>8th</i>	Age <i>15</i>	Years <i>15</i>	Months <i>5</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Frederick</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Student</i>					
Name of Wife or Husband							
Father's Name <i>John Carter</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Lourence Madison</i>				Mother's Birthplace <i>Frederick</i>			
Name of person giving In formation <i>Samuel Dixon</i>				How related to deceased <i>Stepfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Consumption</i>	How long	<i>About 12 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Dr. U. G. Bourn</i>	
Address #		<i>512 All Saint St - Frederick</i>	
Accident or Suicide?			

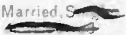


Name
in
Full

Eisan Greager


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Haltersville		Frederick		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
8		5	18	54		2	10
Sex		male		Color or Race		white	
Birth-place		Haltersville					
Married, 				Occupation			
				Farmer.			
Name of Wife or Husband				Amanda (nee Greager)			
Father's Name				Daniel			
Father's Birthplace				Haltersville			
Mother's Maiden Name				Elizabeth Broadbeck			
Mother's Birthplace				Pa.			
Name of person giving information				J. D. Nicodemus			
How related to deceased				In no way.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility	154	How long	4 months
Immediate	Pulmonary collapse			
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Address		
		J. D. Nicodemus,		
Accident or Suicide?		Haltersville, Md.		

7



Name In Full

Certificate of Death

Harry Crist

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Frederick
May 2nd

Age

19

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

105

Mother's

Maiden Name

Aida Crist,

Cause of

Primary

Narasmus

How long sick

one month

Death

Immediate

Atelee tatis

~~Accident, Suicide, Homicide~~

Reported by

Frank Hedges M. Co.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Margaret. Anni., Cullen..

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Jefferson		Frederick		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	5	28	69		10	23	
Sex	Female		Color or Race	White		Birth-place	Maryland
Married, Single or Widowed	Married		Occupation		Housewife		
Name of Wife or Husband							
Father's Name				Samuel Shifer			
Mother's Maiden Name				Father's Birthplace			
				Maryland			
Name of person giving information				Family			
				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Four Weeks
Immediate	Anaemia	How long	Four Weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. H. Kotler, Evans	
Jefferson		Address	
		Fred. C. Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Monticome ^{Town}		Harris ^{County}		MARYLAND	
Date of death 1903		May		1 st		Age 50	
Sex Male		Color - white		Birth-place Maryland			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birth-place			
Mother's Maiden Name				Mother's Birth-place			
Name of person giving information				H. Scott VanFossum			
				How related to deceased			

CAUSES OF DEATH

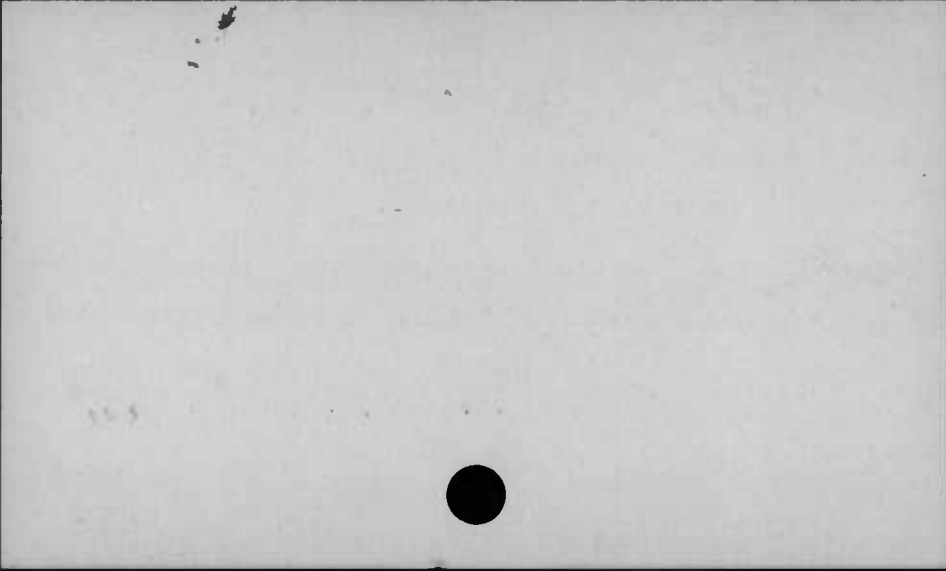
PHYSICIAN
OR CORONER

Primary		General Paralysis		How long	
		67		2 yrs	
Immediate		+		How long	
				2 yrs	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				S. S. Maynard	
				Address	
				17 Second St. W.	
Assistant of Coroner?					



Name in Full *Mary A. Dudgeon*
 Died at *Walkersville* *Fredrick* *MARYLAND*
 Date 19*03* *May* *3* Age *86-7-13* *md.* *Housewife*
Female *White* *Married* *Widow* *Divorced*
Colored *Single* *Widower* Number of children living *None*
 Husband of *Randolph Dudgeon*
 Wife of *Randolph Dudgeon*
 Father's Name *Batgell Ford* Mother's Maiden Name *Mary Stilla*
 Cause of Death { Primary *Age* How long sick *3 months*
 { Immediate *Heart failure* Accident, Suicide, Homicide
 Reported by *M. J. Zimmerman M.D.*
 Address *Walkersville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.



Name
in
Full

John M. Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>1</i>	Age <i>65</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Track-man in B & O R.R.</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>			Father's Birthplace <i>Y</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>Y</i>		
Name of person giving information			<i>166</i> How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fractured skull + marked foot</i>	How long <i>Four days,</i>
Immediate <i>Result of injury</i>	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>J. B. Johnson</i>	
Address <i>Frederick Md.</i>	
Accident or Suicide?	



Name
in
Full

Lewis Franklin Font

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> ^{Town} <i>Fredrick</i>		^{County} <i>Fredk</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>27</i>	Age <i>65</i>	Months <i>2</i>	Days <i>14</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Married Single At Widowed			Occupation <i>Miller</i>		
Name of Wife Married <i>Etta Conrad (deceased)</i>					
Father's Name <i>Lewis Font</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Maryanne Late</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Elizabeth Font</i>			How related to deceased <i>sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonis</i>	How long <i>5 years</i>
Immediate <i>Heart failure from violent coughing attack</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm Crawford Brown</i>
	Address <i>Fredrick Md</i>
Accident or Suicide?	

11



Name
in
Full

Mrs. Laura V. Frazier

CERTIFICATE OF DEATH

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

May.

30

Age

31.

10

Sex

Female

Color or
Race

white

Birth-
place

Frederick

Married, Single
or Widowed

Married

Occupation

Seamstress

Name of Wife or
Husband

Walter Frazier

Father's
Name

Ephraim Kline

Fether's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Pulmonary Phthisis.

How long

Over a year

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

B. N. Hoke M.D.

Address

Frederick

Md.

Accident or Suicide?

—

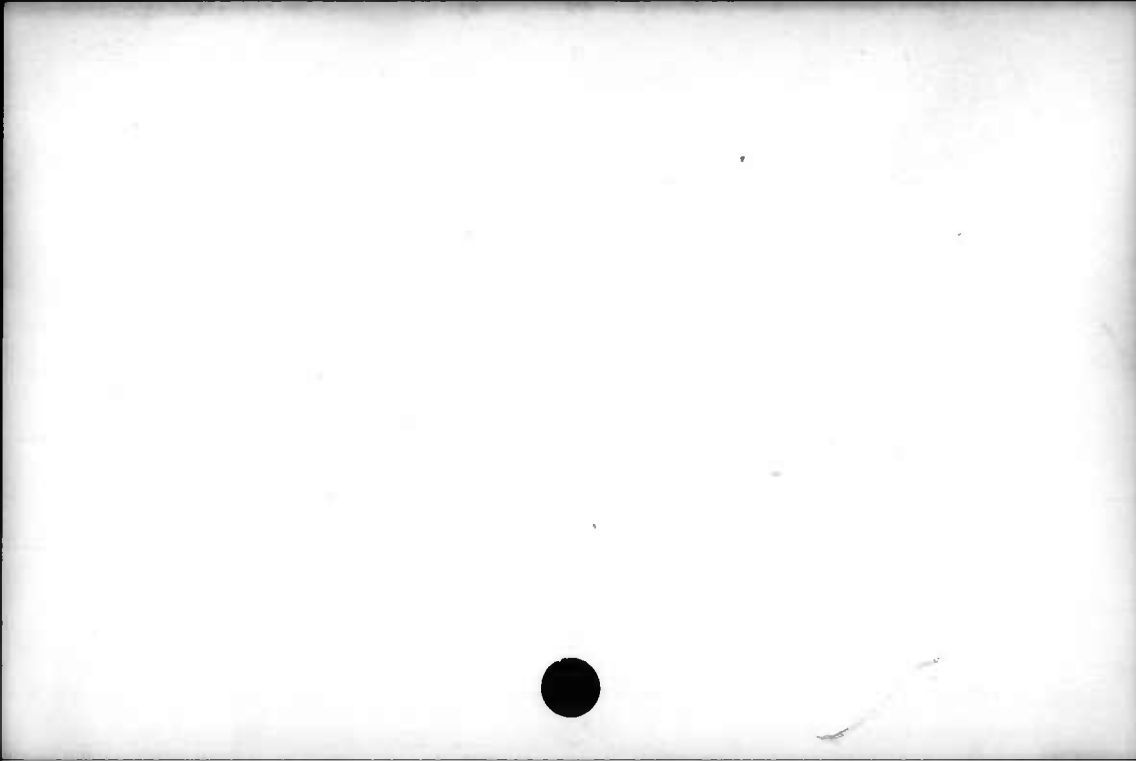
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mt Olivet Cemetery -

June 15 - 1903

G. G. Gandy -

Name in Full		John Roger Garner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Buckeystown	County Frederick		MARYLAND	
	Date of death 1903	Month May	Day 3	Age 16	Years 9	Months 24	Days 24
	Sex Male	Color or Race Colored		Birth- place Md			
	Married, Single or Widowed Single		Occupation Laborer				
	Name of Wife or Husband						
	Father's Name George				Father's Birthplace Md		
	Mother's Maiden Name Harriet Weedon 166				Mother's Birthplace Md		
Name of person giving In formation Harriet Weedon				How related to deceased Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Badly mangled by machinery				How long 2h -		
	Immediate Shock & hemorrhage				How long		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician T. Clyde Routsom		
					Address Buckeystown		
Accident or Suicide?							



Name In Full

Certificate of Death

Stella M. Grossnickle

Town

County

Died at Ellerton

Frederick

MARYLAND

Date 1903 May 27

Y. M. D. 23-7-0

Native of

Occupation

Date 189

May 27

Age 23-7-0

Md.

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of
WifeFather's
Name

Leonard Grossnickle

Mother's
Name

Mary E. Renner

Cause of Primary

Abortion

How long sick

1 day

Death Immediate

Septicemia

Accident, Suicide, Homicide

Reported by

Ralph Browning,

Address

Myersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78009



Name in Full

Certificate of Death

Died at Frederick Frederick Co. MARYLAND

Date 1903 May 20 | Age 31 Y. 7 D. — | Native of Frederick | Occupation Statter

Male White Married Widow Divorced —

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Sueretia Wilcoxen

Father's Name Unknown Mother's Maiden Name Mary Haller

Cause of Death { Primary Pulmonary Tuberculosis | How long sick 27

Death { Immediate Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by Labruce MD

Address 17 E 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm. H. Harwood.

Town

County
Ind.

MARYLAND

Died at

Date 19 23

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Age 34

Md.

Farmer.

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Wm. H. Harwood

Emma Plummer.

Cause of

Primary

Diabetes

50

How long sick

20 hours.

Death

Immediate

Heart Failure.

Accident, Suicide, Homicide

Reported by

C. H. Corley.

Address

Adamstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mellen H. Hedges

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1903

Month Day

May 30

Age

Y.

M.

D.

- 6 - 6

Native of

Md.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

O. R. Hedges

Mother's

Maiden Name

Ella H. Fogles

Cause of

Primary

Enterocolitis - Meningitis

How long sick

one week

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Address

J. S. Hendrix, M.D.
Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, 79898

Instrument since 1st

" at Mt Oluet

A. T. Rice & Sons

Name
in
Full

CERTIFICATE OF DEATH

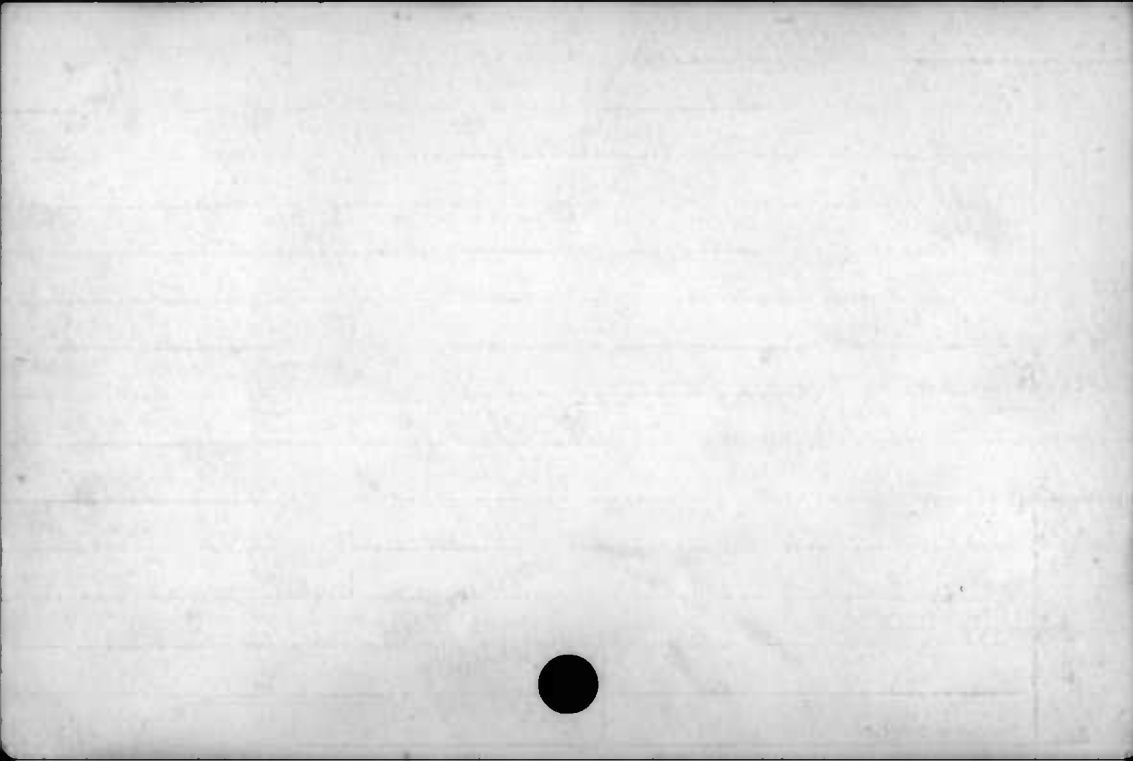
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i>		Town <i>Tredwell</i>		County		MARYLAND	
Date of death 190	Month <i>May</i>	Day <i>29</i>	Age <i>42</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Clerk</i>					
Name of Wife or Husband							
Father's Name <i>Andrew J. Horkinien</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Martha J. Beckwith</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs Frank Willard</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>Two months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. L. Blessing M.D.</i>
	Address <i>Brunsville</i>
Accident or Suicide?	<i>May land</i>



Name
in
Full

Infant Jewel

CERTIFICATE OF DEATH

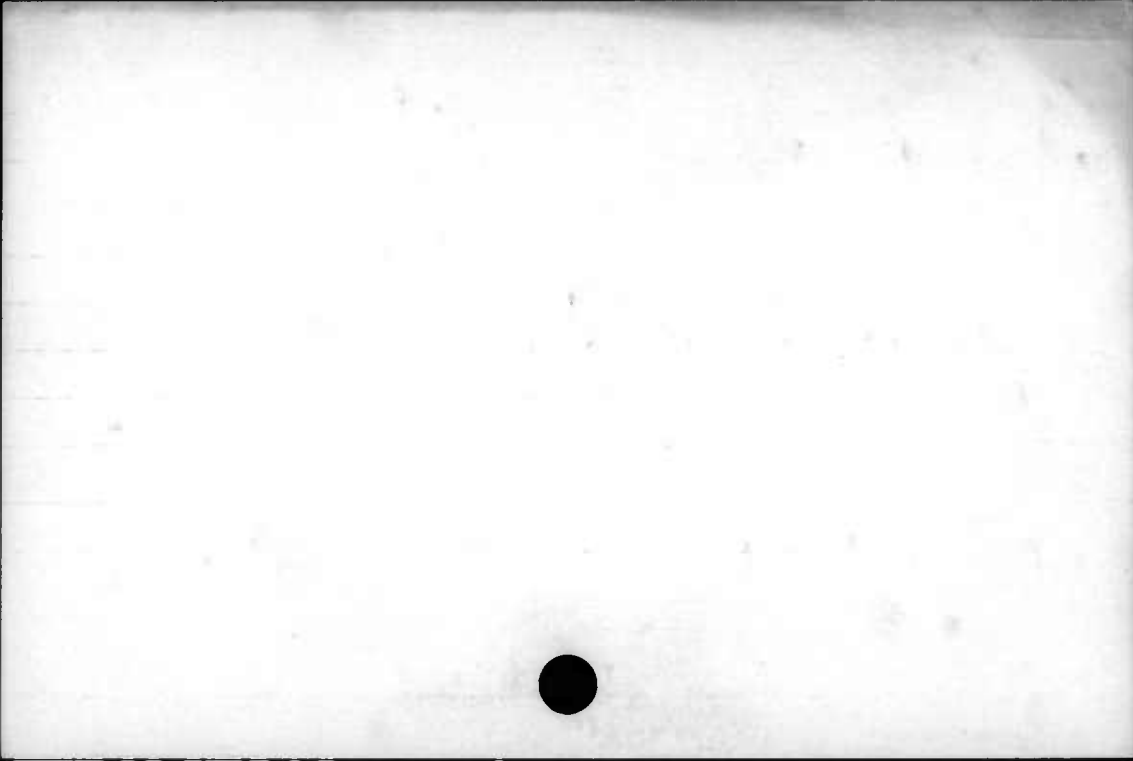
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Araby</i> Town		County <i>Frank</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>11</i>	Age <i>—</i>	Months <i>—</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>X</i>			Occupation		
Name of Wife or Husband <i>X</i>					
Father's Name <i>John Jewel</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving In formation <i>A. J. Rice & Sons</i>			How related to deceased <i>Undertaker</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Perinatal Birth</i>	How long <i>1 m.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. [unclear]</i>
	Address <i>Frank.</i>
Accident or Suicide?	



Name
in
Full

Oliva Kidwiler

CERTIFICATE OF DEATH

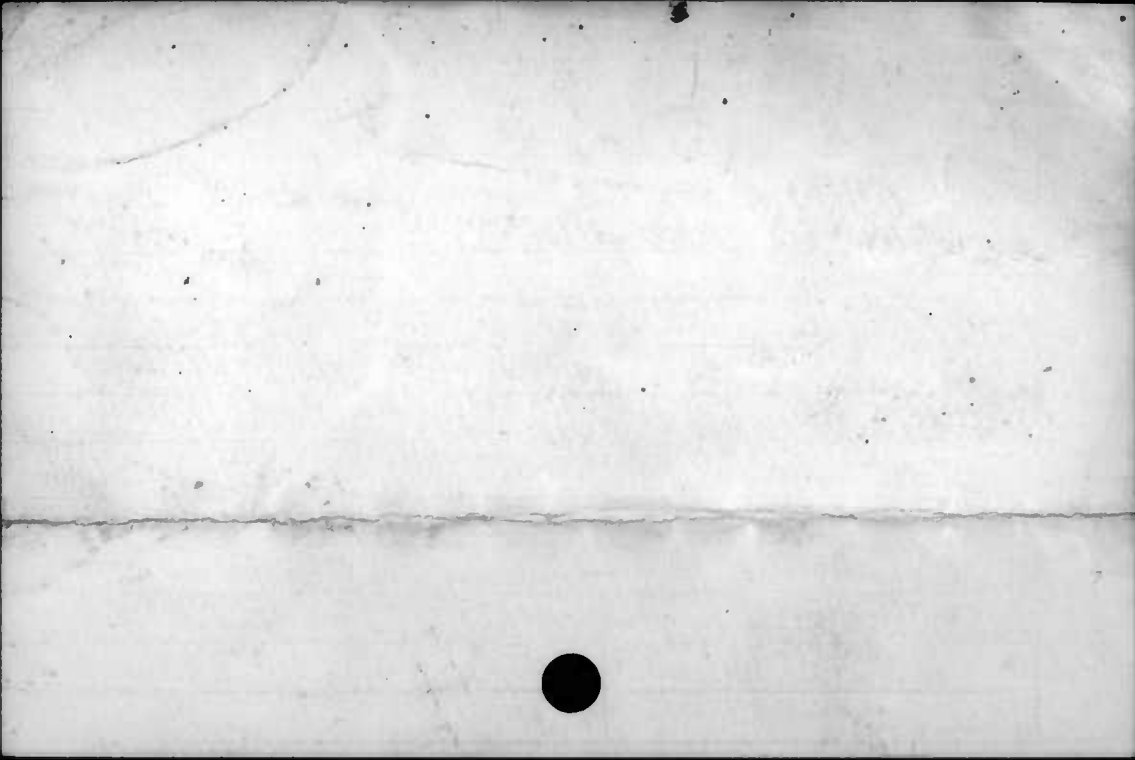
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Near Brunswick		Fredrick		MARYLAND					
Date of death 1903		Month 5		Day 12		Age 13		Months -		Days -	
Sex Female		Color or Race White		Birth-place West Va							
Married, Single or Widowed Single		Occupation none									
Name of Wife or Husband											
Father's Name Fredrick Kidwiler						Father's Birthplace West Va					
Mother's Maiden Name Florence Kidwiler						Mother's Birthplace West Va					
Name of person giving information Fredrick Kidwiler						How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diphtheria		How long 3 days	
Immediate Pneumonia		How long 3 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. S. Hedgcock MD	
		Address Brunswick Md	
Accident or Suicide?			



Name
in
Full

Mr. Henry Knouff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick.</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>31</i>	Age <i>82</i>	Years <i>2</i>	Months <i>+</i>	Days <i>+</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Alcinda Thomas.</i>							
Father's Name <i>George Knouff.</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mary Leapey</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mrs Knouff</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of Heart</i>	How long <i>2 years</i>
Immediate <i>Chronic Bright's Disease - Exhaustion</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. F. Goodlee, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>No</i>	

Mr. Oliver Cromley.

June 2 18

C. C. Cromley.

Name in Full

Certificate of Death

Theodore Lifasium

Town

County

Died at

Brunswick

Frederick

MARYLAND

Date 19

03

Month

5

Day

30

Age

Y.

M.

D.

65

Native of

Occupation

Male

~~White~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband of

~~Wife~~

Father's Name

John J. Lifasium

Mother's

Maiden Name

Laura Nicholas

Cause of

Primary

Marasmus

How long sick

6 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

105

C. S. Butler MD

Address

City -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Ralph Mundock

CERTIFICATE OF DEATH

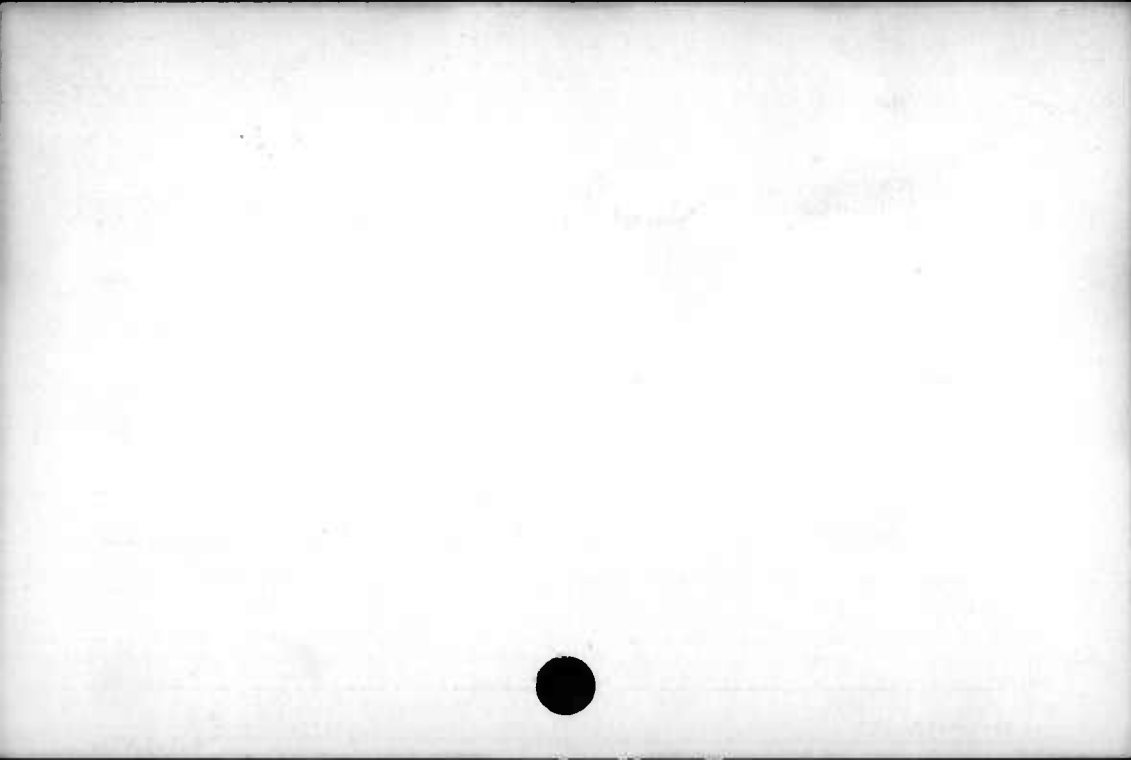
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 1903		Month May		Day		Age 12	
Sex Female		Color or Race Colored		Birth- place Frederick			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name George Mundock				Father's Birthplace Md.			
Mother's Maiden Name Lula Stanton				Mother's Birthplace Frederick, Md.			
Name of person giving In formation Lula Stanton				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Richitis 146.		How long Several months.	
Immediate		Laryngismus Stridulus		How long About 2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yls		Signature of Physician Dr. W. R. Brown	
		Address 130 South St.		Frederick, Md	
Accident or Suicide?					



Name in Full

Certificate of Death

Mortimer C. Nicholson

Town W. A. Ephraim County Frederick MARYLAND

Died at 1903 Month 5 Day 7 Y. 19 M. 2 D. - Native of Maryland Occupation Farmer
Male White Single Number of children living

Husband of Edward W. Nicholson Mother's Name Cornelia C. Nicholson

Cause of Death { Primary Typhoid Fever How long sick 2 1/2 days
Immediate Perforation of bowel Accident, Suicide, Homicide

Reported by J. H. Stonestreet, M.D.
Address Barnesville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1



Name
in
Full

Annie R. Pauley

CERTIFICATE OF DEATH

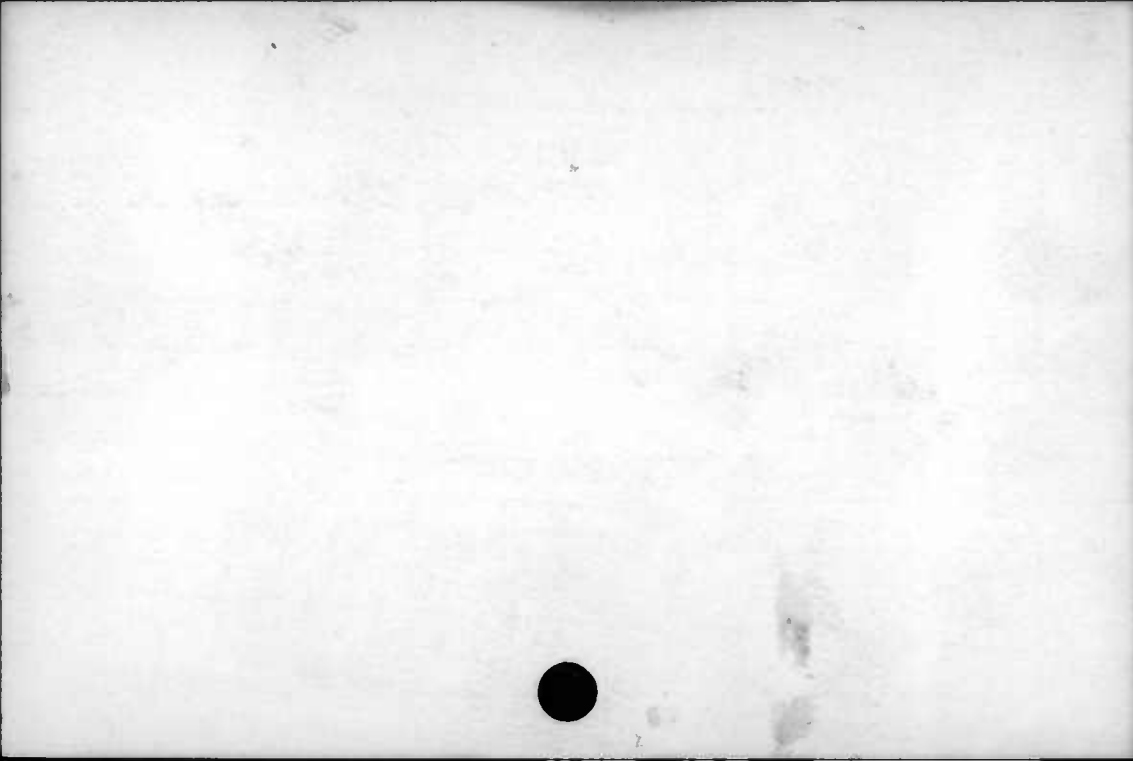
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Wolfsville		^{County} Frederick		MARYLAND	
Date of death 1903	Month May	Day 29	Age 57	Months 6	Days 26
Sex Female	Color or Race white	Birth-place near Smithsburg			
Married, Single or Widowed widowed		Occupation Housekeeper			
Name of Wife or Husband Buren Pauley					
Father's Name Jacob Brunner			Father's Birthplace near Smithsburg		
Mother's Maiden Name Maria Wolfe			Mother's Birthplace near Foxville		
Name of person giving information Daniel Smith			How related to deceased Agent		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long about 4 years
Immediate 27	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician A. J. Smith
	Address Wolfsville, Md.
Accident or Suicide? neither	



Name
in
Full

Harry Gilbert Price


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}			<i>Frederick</i> ^{County}			MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>11</i>	Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>md</i>			
Married, Single or Widowed <i>X</i>			Occupation				
Name of Wife or Husband <i>X</i>							
Father's Name <i>Peter H. Price</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Sadie Matthews</i>				Mother's Birthplace			
Name of person giving Information <i>Mother</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>3 days</i>
Immediate <i>Apnoea</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. F. Gordon md</i>
	Address 
Accident or Suicide?	



Name
in
Full

Catharine A. D. Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1903	5	30	Age 91	8	12		
Sex	Female		Color or Race	White		Birth-place	Maryland
Married, Single or Widowed	Widow		Occupation	House wife			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Jefferson		D. H. Bolter
Frieds		Address
Accident or Suicide?		Co Md



Name
in
Full

Mary E. Ross

CERTIFICATE OF DEATH

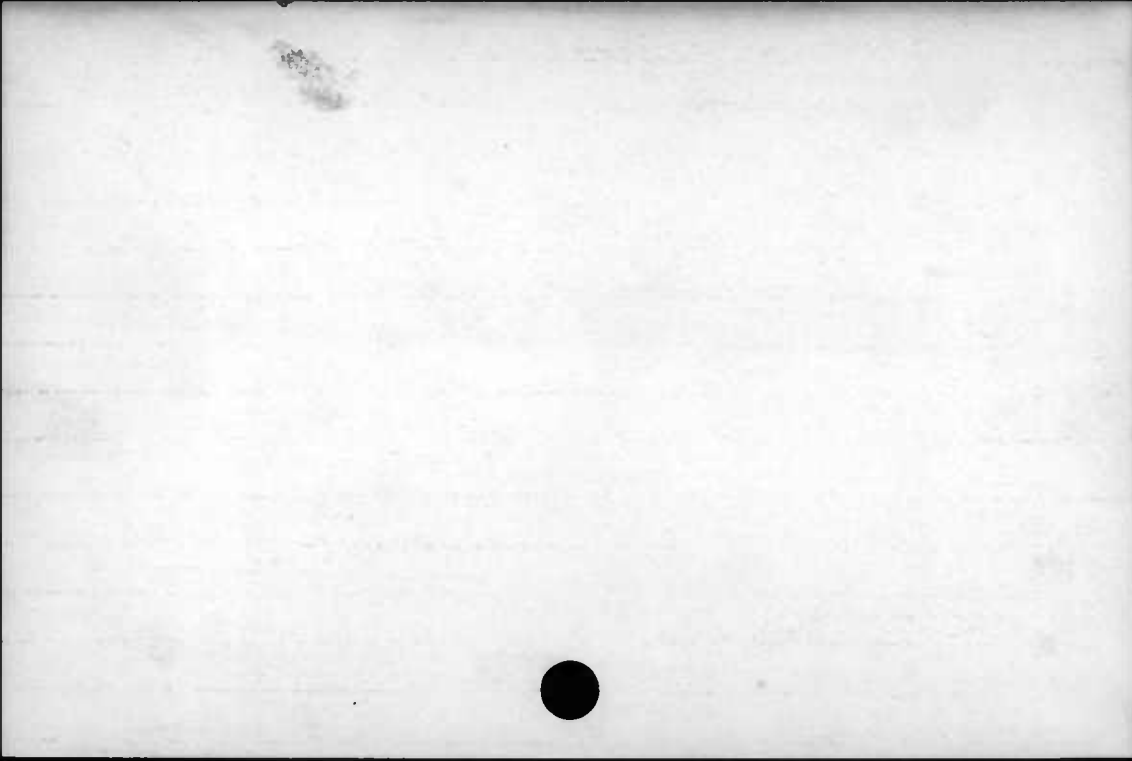
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>4</i>	Age <i>85</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>—</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i>House Wife</i>			
Name of Spouse Husband <i>Thomas Ross</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Amin Weeden</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>6 mo</i>
Immediate <i>Exhaustion</i>	How long <i>154</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None in attendance</i>
	Address <i>for past 2 months</i> <i>A. F. Rice & Sons</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Fidenick</i>		Town <i>Fedenick</i>		County		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>7</i>	Years <i>25</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Married, Single or Widowed <i>Married</i>			Occupation				
Name of Wife or Huband <i>Edward to Routhahn</i>							
Father's Name <i>Ans Huffer</i>				Father's Birthplace <i>Ind Co</i>			
Mother's Maiden Name <i>Margant Blaz</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Family</i>				How related to deceased			

CAUSES OF DEATH

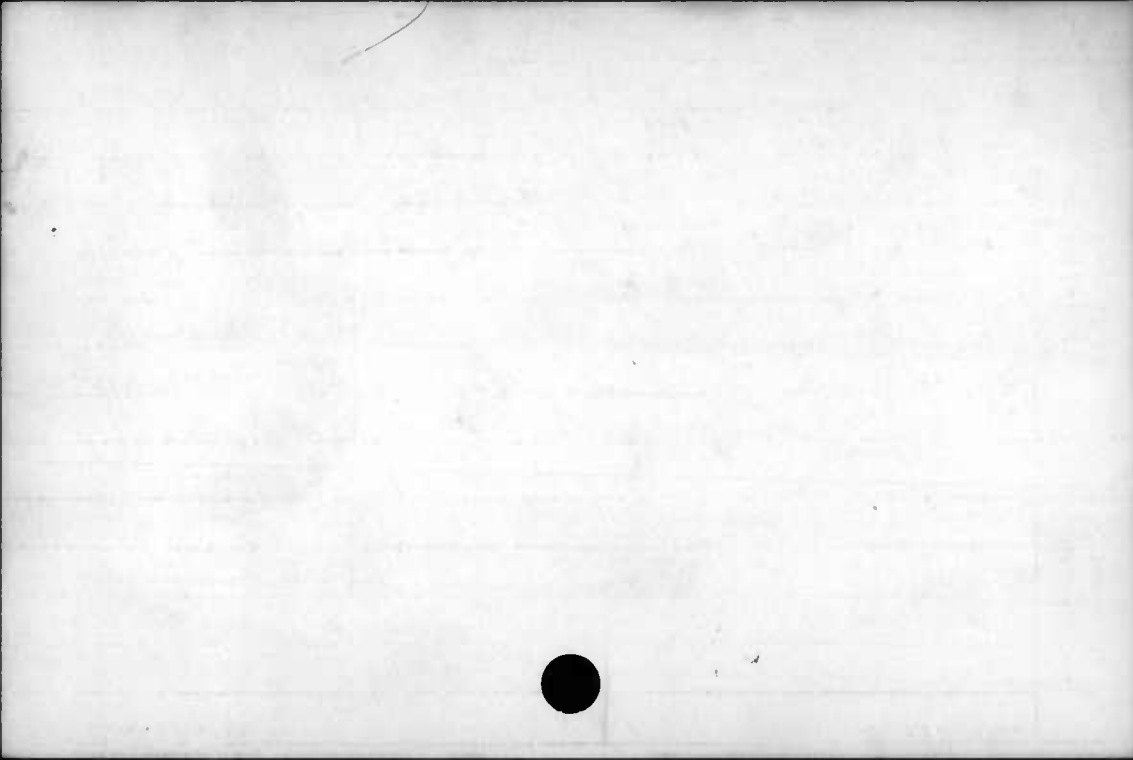
PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis.</i>	How long <i>10 or more yrs</i>
Immediate <i>Uremia & Exhaustion</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. E. M. Conias</i>
	Address <i>Fedenick.</i>
Accident or Suicide?	<i>MD</i>

Wt Olmit County-

May 10 - 1903

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Brunswick</u> Town		<u>Frederick</u> County		MARYLAND
	Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>13</u>	Age	Years <u>4</u> Months <u>14</u> Days
	Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>md</u>		
	Married, Single or Widowed <u>single</u>		Occupation <u>none</u>		
	Name of Wife or Husband				
	Father's Name <u>John Sauger</u>		Father's Birthplace <u>md</u>		
	Mother's Maiden Name <u>Cora Watkins</u>		Mother's Birthplace <u>md</u>		
Name of person giving information <u>John Sauger</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Bronchitis & Maleria</u>		How long <u>4 weeks</u>		
	Immediate <u>convulsions</u>		How long <u>6 hours</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. G. Horine</u>		
			Address <u>Brunswick md</u>		
Accident or Suicide? <u>-</u>					



Name
in
Full

David M Scholl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 1908	<i>May</i> ^{Month}	<i>29</i> ^{Day}	Age <i>65</i> ^{Years}	<i>9</i> ^{Months}	<i>15</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Retired</i>				
Name of Wife or Husband					
Father's Name <i>Elias Scholl</i>			Father's Birthplace <i>Walkeronsville Md</i>		
Mother's Maiden Name <i>Mary Dutrow</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mrs David Scholl</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Consumption</i> <i>27</i>	How long <i>3 years</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Second St W</i>
<i>Accident or Suicide?</i>	



Name
in
Full

Lewis W. Schroyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Pleasant Walk		^{County} Fredrich		MARYLAND	
Date of death 1903	Month May	Day 24	Age Years 66	Months 8	Days 12
Sex Male	Color or Race Caucasian		Birth-place		
Married, Single or Widowed Married			Occupation Farmer		
Name of Wife or Husband Lilliah Schroyer					
Father's Name John H. Schroyer			Father's Birthplace Myerhill		
Mother's Maiden Name Sarah Wertenbenger			Mother's Birthplace Myerhill		
Name of person giving information Thaddeus Schroyer			How related to deceased Son -		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mitral Disease of Heart	How long 79
Immediate Heart Failure	How long 4 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. S. Davis
	Address Boonsboro Md
Accident or Suicide?	



Name
in
Full

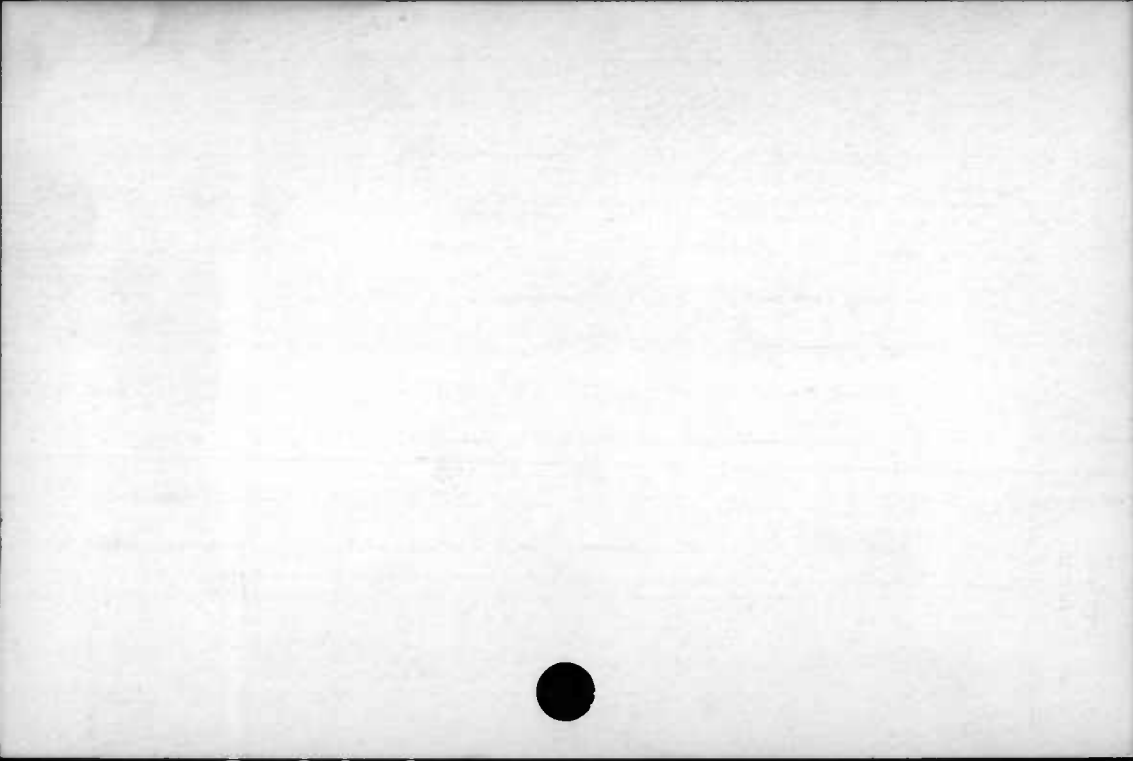
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i> ^{Town}		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>15</i>	Age <i>62</i>	Months <i>8</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>France</i>			
Married, Single <i>wife</i> or Widowed		Occupation <i>Laborer</i>			
Name of husband <i>wife Julia Sebaun</i>					
Father's Name <i>Frances Sebaun</i>			Father's Birthplace <i>France</i>		
Mother's Maiden Name			Mother's Birthplace <i>do</i>		
Name of person giving information <i>Julia Sebaun</i>			How related to deceased <i>wife</i>		
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>6 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Robert L. Annan M.D.</i>
	Address <i>Emmitsburg Md</i>
Accident or Suicide?	



Name
in
Full

Mary A. Sharret

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rocky Ridge</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>May</i> ^{Day} <i>30</i>		Age <i>77</i> ^{Years}		Months <i>10.</i>	Days <i>12.</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Ephraim Sharret (dec'd)</i>					
Father's Name <i>John Stambaugh</i>				Father's Birthplace <i>W. Maryland</i>	
Mother's Maiden Name <i>Elizabeth Eyler</i>				Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>John M. J. Sharret</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>Years - 15+</i>
Immediate <i>Heart disease -</i>	How long <i>3 mos. -</i> <i>Series</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. H. Diller</i>
	Address <i>D.P. 11 Md.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Spring Dick</i> Town		<i>Frederick</i> County	
		Date of death 1903 <i>May</i> Month <i>9</i> Day		Age <i>63</i> Years	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>	
		Name of Wife or Husband <i>Basile Shiley</i>			
		Father's Name <i>Ezra Smith</i>		Father's Birthplace <i>Green Co</i>	
		Mother's Maiden Name <i>Anna Mary Beard</i>		Mother's Birthplace <i>Green Co</i>	
		Name of person giving information <i>George Beard</i>		How related to deceased <i>Brother in law</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Cropsy & Valvular Heart Disease</i>		How long <i>18 months</i>	
		Immediate <i>Chronic Poison</i>		How long <i>4 days</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Thomas Smith</i>	
				Address <i>Lebanon Tenn</i>	
Accident or Suicide?		<i>Ad</i>			



Name

in
Full

Winfield Scott Shively.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Liberty

Town

County

Frederick

MARYLAND

Date

of death 1903

Month

May

Day

9

Years

46

Age

Months

5

Days

17

Sex

Male

Color or
Race

White

Birth-
place

Frederick Co

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife
~~Husband~~

Annie A. Hogle

Father's
Name

John H. Shively

Father's
Birthplace

Fred Co

Mother's
Maiden Name

Anna Susan Buffington

Mother's
Birthplace

Fred Co

Name of person giving
in formation

Shively

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Measles and Congestion of Stomach

How long

10 days

Immediate

Heart-failure.

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Thomas Smith
Liberty town
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Julia E. Stanton
 Town County

Died at

Frederick Frederick

MARYLAND

Date 1903

Month Day

May 31

Age

Y. M. D.

2. 2. 25

Native of

Frederick

Occupation

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm E. Stanton

Mother's

Maiden Name

Carrie Neil

Cause of

Primary

Tubercular Meningitis

How long sick

5 days

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

Labner md.

Address

12 E 3rd St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70608

Interment June 1st

" at Calvering Lane
A. T. Rice & Sons

Name
in
Full

Ruth Anna Thornton

CERTIFICATE OF DEATH

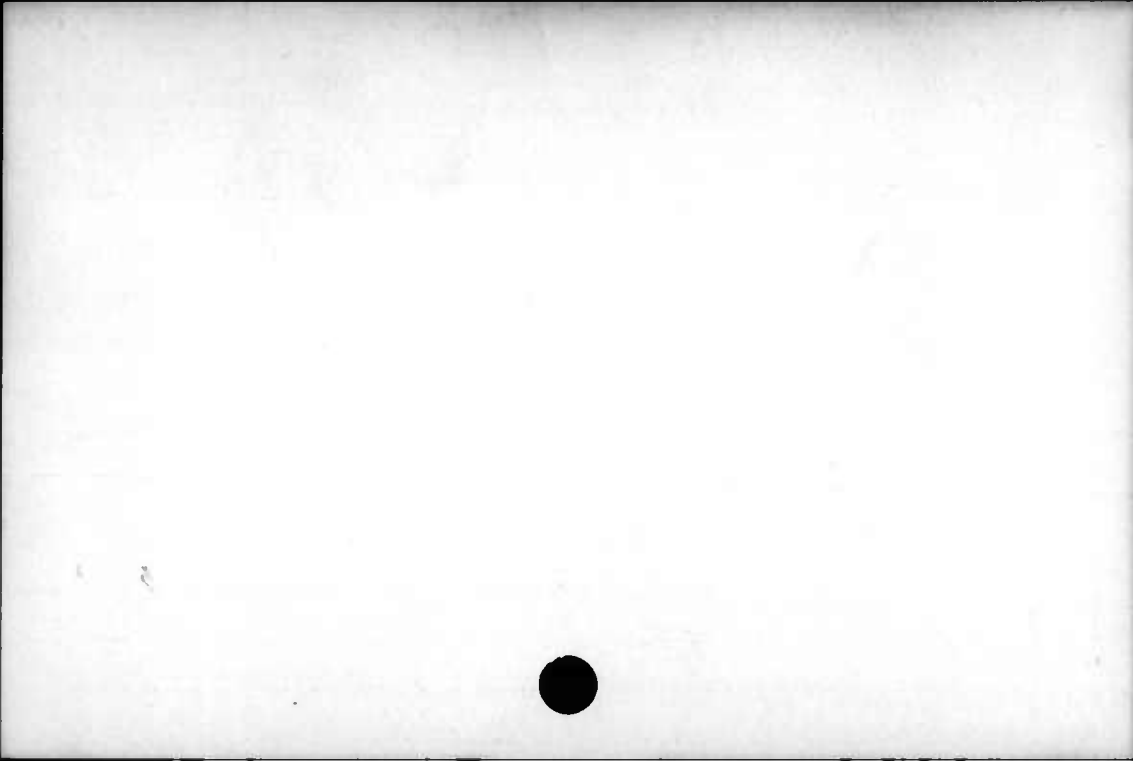
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND					
Date of death 190	<i>3</i> ^{Month}	<i>May</i> ^{Day}	<i>27</i>	Age ^{Years}	<i>1</i>	^{Months}	<i>11</i>	^{Days}	<i>9</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Frederick</i>		
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name			<i>Samuel N Thornton</i>			Father's Birthplace	<i>N. Va</i>		
Mother's Maiden Name			<i>Mary Elizabeth Johnson</i>			Mother's Birthplace	<i>N. Va</i>		
Name of person giving information			<i>Mary Elizabeth Johnson</i>			How related to deceased	<i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis (Chronic)</i>	How long	<i>Several months</i>
Immediate	<i>Convulsions</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. U. G. Boone</i>
<i>yes</i>		Address	<i>130 South St</i>
Accident or Suicide?			



Name
in
Full

William Thornton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>5</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>Frederick</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Wm. H. Thornton</i>				Father's Birthplace <i>Frederick</i>			
Mother's Maiden Name <i>Jennie Tyler</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Jennie Thornton</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scrophula</i>	How long <i>5 weeks</i>
Immediate <i>35</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None in Attendance</i>
	Address <i>A. F. Rice & Sons</i>
Accident or Suicide? <i>—</i>	



Name in Full

Lulu Alberta Kelly

Town

County

Died at Hoodsboro Fredk.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1933 8-4 Age 1-14

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of
Wife

Father's Name J. J. H. Kelly

Mother's Name Catherine

Cause of ~~Primary~~

How long sick

two weeks

Death

Immediate

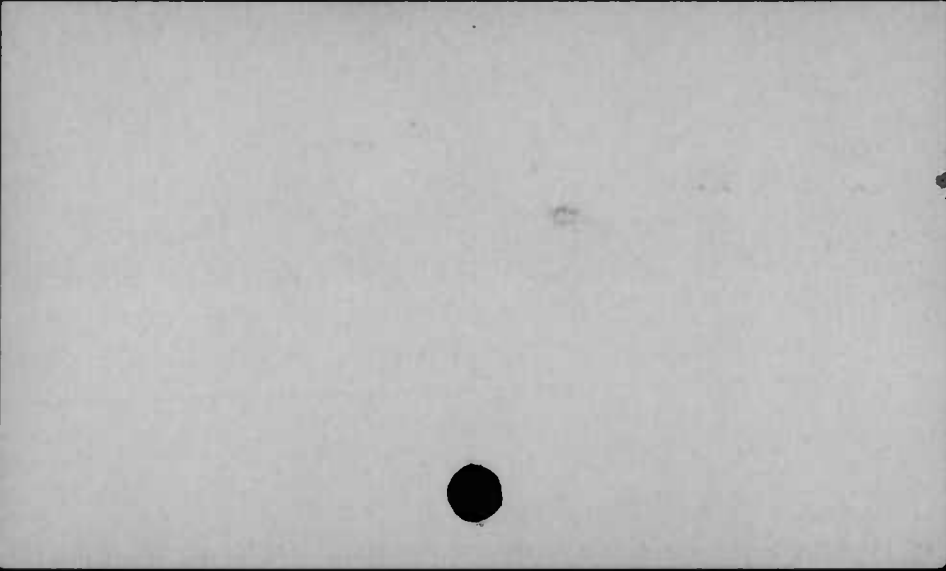
pneumonia & Measles

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Reese Wilson Whitlie

Town

Unionville

County

Frederick

MARYLAND

Died at

Date 1908 May 20

Age

Y. M. D.

2. 15

Native of

Unionville

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Market</i> ^{Town} <i>Frederick</i> ^{County}		No. <i>15</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>16</i>	Age <i>79</i>	Months <i>2</i>	Days <i>7</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Freak Co. Md</i>			
Married, Single or Widowed			Occupation <i>Retired Farmer.</i>		
Name of Wife or Husband <i>Emeline Williams</i>					
Father's Name <i>Wm Williams</i>			Father's Birthplace <i>Freak Co. Md</i>		
Mother's Maiden Name <i>Hood</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Jos. C. Williams</i>			How related to deceased <i>a son.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paraplegia</i>	How long <i>4 1/2 wks.</i>
Immediate <i>but</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Howard H. Hopkins Jr. M.D.</i>
	Address <i>New Market, Maryland.</i>
Accident or Suicide? <i>no</i>	

- 2



Harry M Wilson

Town

County

Died at Emmittsburg, Frederick -

MARYLAND

Date 1903 May 13 Age 34 - Md Occupation

Male

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name Charlie WilsonMother's
Maiden Name Julia S Wilson

Cause of Primary

How long sick

6 months

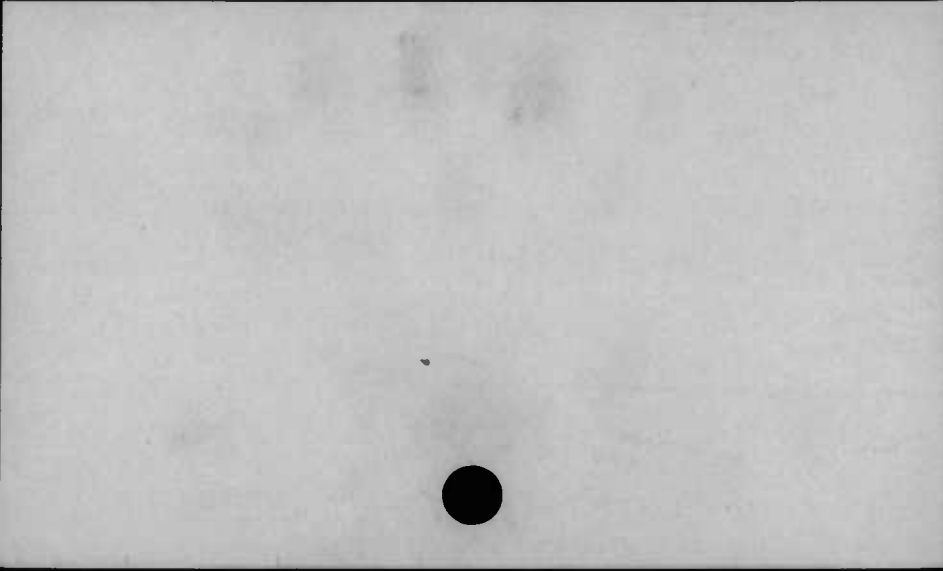
Death Immediate

Accident, Suicide, Homicide

Reported by W H E Stone

Address Emmittsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Horse & Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prichard City</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>4</i>	Age <i>77</i>	Months	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mo</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Ret. Farmer</i>		
Name of Wife or Husband <i>Mayb Albaugh deceased</i>					
Father's Name <i>Jhu</i>			Father's Birthplace <i>Mo</i>		
Mother's Maiden Name <i>Leschorn</i>			Mother's Birthplace <i>Missouri</i>		
Name of person giving information <i>Geo Leary Audelator</i>			How related to deceased? <i>No</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Rheumatism</i>	How long <i>10 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paul H. Buchanan M.D.</i>
	Address <i>City</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

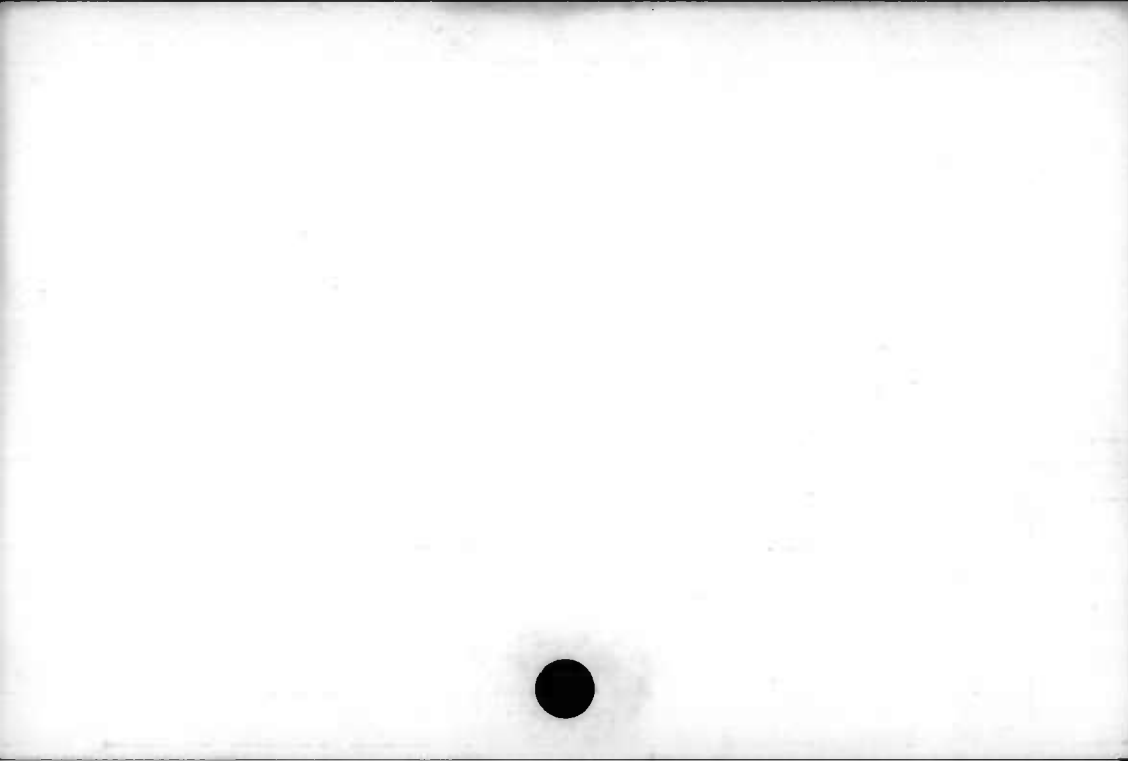
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND					
Date of death 190		Month <i>3 May</i>		Day <i>9</i>		Age <i>72</i>		Months <i>1</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Ind.</i>							
Married, Single or Widowed <i>Widow</i>				Occupation <i>none</i>							
Name of Wife or Husband <i>J. A. J. Zimmerman, Decd.</i>											
Father's Name <i>Joseph A. Sivastone</i>				Father's Birthplace <i>Ind.</i>							
Mother's Maiden Name <i>Christina Stull</i>				Mother's Birthplace <i>Ind.</i>							
Name of person giving information						How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Liver</i>		How long <i>Six months</i>	
Immediate <i>Asthenia</i>		How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. B. Haffner, M.D.</i>	
		Address <i>Frederick, Ind.</i>	
Accident or Suicide?			



Name
In Full

Unknown

No. 147

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Market		County Frederick		MARYLAND	
Date of death	1903	Month 4	Day 30	Age	Don't Know	Months	Days
Sex	Male		Color or Race	White		Birth- place	Don't Know
Married, Single or Widowed	Don't Know		Occupation	Don't Know			
Name of Wife or Husband	Don't Know						
Father's Name	Don't Know					Father's Birthplace	Don't Know
Mother's Maiden Name	Don't Know					Mother's Birthplace	Don't Know
Name of person giving In formation	Frank Dewell Jones					How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Cutting Throat with Razor, A few Moments,	
Are the name, age, sex, color, date end place correctly given above?	Signature of Physician
	Address
	New Market Md.
Accident or Suicide?	
Suicide,	

